

YMCA Payroll Deduction Authorization Form

Alexander County Employees

By signing below, I authorize Alexander county to deduct \$ from my paycheck each week to cover my YMCA membership fees. I understand that if I am out of work for a week or more, all membership fees due will be deducted from my first paycheck upon my return to work I further understand that if my employment terminates for any reason, all payments to the YMCA made by Alexander County on my behalf will cease at the time my last paycheck is issued, thus ending my membership to the YMCA, unless other payment arrangements are made.	
I have read, understand, and agree to the abo	ve information.
Signed	Date
Print Name:	
Phone:	
Please circle the following: Membership Type: Adult Family	
Payroll Deduction Start Date:	
Alexander County Personnel Signature:	
Please cancel my membership effective	
Employees Signature:	Date:
Alexander County Personnel Signature:	
Print Name:	
Address:	
Phone:	